



## COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AFFAIRS

500 West Temple Street, Room B-96

Los Angeles, CA 90012-2706

(213) 974-9740

(213) 687-0322 Fax

<http://dca.lacounty.gov>

### VOLUNTEER/INTERN APPLICATION

(Please Print )

#### PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Number) (Street) (City) (Zip Code)

Birthdate: \_\_\_\_\_ CA Drivers License #: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: \_\_\_\_\_

#### EDUCATION (Check the highest grade completed)

High School 9 10 11 12 GED College 1 2 3 4

#### WORK EXPERIENCE - CURRENT/PREVIOUS (Attach resume if available)

Employer's Name Address & Telephone	Job Title & Duties	Dates: From & To

## SPECIALIZED EXPERIENCE

Check any special skills or experiences that apply.

Customer service	Training	Counseling
Public speaking	Public relations	Marketing
Writing	Journalism	Clerical
Research	Investigating	Legal
Website Management	Translation	
Computer Skills/Software Programs: Language(s) Spoken:		

## GENERAL INFORMATION

Please list previous or current volunteer work.

How did you hear about the Department of Consumer Affairs' Volunteer/Internship Program?

If you could choose your volunteer/internship assignment what would it be? (Check all that apply)

Consumer Counseling	Special project research	Legal Research
Community Outreach	Casework	Training
Marketing/public relations	Investigations	Computer
Clerical office support	Translating	

Please list the most convenient days and times for you to volunteer.

Have you ever had a professional license suspended or revoked? Do you have any criminal convictions?    Yes    No

If yes, explain:

**REFERENCES** (Please provide two non-family references)

Name	Address	Phone	Relationship

**EMERGENCY & MEDICAL CONTACT**

Name: Relationship: Phone:

Doctor's Name: Medical Coverage: Phone:

I understand and agree that during the time I volunteer my services to the Department of Consumer Affairs, I may not in any way solicit as a client any person contacting the Department of Consumer Affairs for information and assistance.

I further understand that the references I have provided may be contacted by the Department of Consumer Affairs. Volunteers and interns cannot work in the same division as a family member. We reserve the right to decline an applicant if, in the sole judgment of the Department, it would be in our best interest or those we serve.

To the best of my knowledge the above information is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or email the completed application to:

County of Los Angeles Department of Consumer Affairs  
Volunteer/Internship Coordinator  
500 West Temple Street, Room B-96  
Los Angeles, CA 90012  
[ehernandez@dca.lacounty.gov](mailto:ehernandez@dca.lacounty.gov)  
(213) 687-0233 Fax